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Original Lectures.

COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE V.—PART II.

Subjective symptoms of normal dentition: general and local irritation.—Objective symptoms: swelling of the gums, disappearance of the dental cartilage, salivation, etc.—Local diseases attending dentition: odontalgia, gingivitis, odontitis.

THAT a large number of infants cut their teeth without any bad symptoms, has never been denied. Instead, however, of considering these cases as natural, they have been taken as exceptions; instead of looking for the causes of diseases in the age of the patient, and its various morbid dispositions in its constitution, or in direct injuries, both authors and the public have seemed to rest satisfied in the belief that the more an infant was disturbed with abnormal functions, the nearer came dentition to its natural standard. But all the symptoms observed during or before the protrusion of teeth do not come within the range of morbid affections; I have already spoken of some of the symptoms indicating the approximation of, or attending, the progress of dentition; I therefore shall not dwell upon them, but shall briefly enumerate such as are generally attributed to the protrusion of teeth. I may state that many explanations which would be here required, will naturally follow a physiological sketch of early infantile age, which I intend to give you in a future lecture.

The general irritability of the nervous system in teething children, is said to be increased. They are restless, sleepless, will suddenly awake from a short slumber, are peevish and cross, change their color frequently, and often urinate. I am certainly unwilling to deny the frequent occurrence of these symptoms in teething infants, but will take the liberty of stating, that in early infancy nervous symptoms are of frequent occurrence; that even the weight of the organs of the nervous system is greater in proportion than at any other period of human life, and its action may be supposed to be more powerful, and perhaps irregular; and that the very same symptoms attributed to teething are really being observed in almost all the affections occurring at this age. Both functional disorders and diseases are the more frequent the younger the individual; this is a fact clearly shown by all the statistics of both private and hospital practice, relating to both diseases, and the rate of mortality in this early period of life.

The local irritability produced by the process of dentition has often been noticed, and alluded to as a proof that there is something very peculiar and troublesome about this process. The infant is said to put its fingers into its mouth, and introduce anything it can lay hold on; it bites the nipples, and gentle rubbing of the gums causes an agreeable sensation. It is said to rub its lips, nose, and eyes, and to move the occiput on the pillow, especially at the time of the protrusion of the incisors of the upper jaw.

Such are said to be the local symptoms of either approaching or present dentition; the latter term always being made use of to signify the final protrusion of the teeth. Is it remarkable that an infant will put its fingers into the mouth at this protracted period of teething, viz. from the fifth or sixth to the thirtieth month, when it has done so from birth? The very fact of the peculiar position of the

fœtus in the uterus, the prominence of the action of the flexor over the extensor muscles, appear to be among the first causes of the new-born child's sucking its fingers. The great sensibility of the cutaneous nerves of the ends of the fingers, and of the lips, which are moreover regularly exercised by the reception of food; the indistinct impression, in the infant, after having been nursed a number of times, of the lips and mouth being in some connexion with the feeling of satisfaction, are the reasons why the infant sucks its fingers in the few weeks and months following its birth. Whichever explanation is correct, it is a fact that, from the hour of birth the infant will either suck its fingers or keep them in the neighborhood of the mouth and nose. Nor is it astonishing that an infant will, during the time of dentition, take everything to its lips and into its mouth, after it has done so all its life. The principal impressions an infant obtains depends on its relation to foods and drinks; eating is the only real propensity an infant has, and the mouth is known by experience to be the great receptacle destined for the reception of everything around; not to speak again of the lips being used as a means of touching, grasping, and learning the qualities of things. Everything living learns by experience and experiments, by physical impressions. All the sensory organs will be exercised for the purpose of understanding the impressions on the peripheral nerves, and the sensory organ first freely exercised by an infant is that of palpation. Further, a teething child will often bite the nipple, undoubtedly, but a number will not; and any child with any irritation of the cavity of the mouth, with any form of stomatitis, with any disease in fact which causes a sensation of uneasiness, will do the same. And finally, ought we to attribute the restless movements of the occiput on the pillow to teething, when every child affected with almost any affection of the brain, or its membranes, with hyperemia of the cranial bones, with cutaneous eruptions of the cranial integuments, and rachitic affection of the bones, will be observed to do the same? Why is it that the protrusion of the upper incisors is often attended with this restlessness, and almost regular moving to and fro of the head on the pillow? It means, that irregularity, or anomalies in the protrusion of the upper teeth frequently depend on anomalous development of the upper jaw itself; and that the development of the upper jaw is generally in intimate connexion with the development of the cranial bones. Thus you perceive, that when this is abnormal, and the upper jaw suffering accordingly in its general development, that often-mentioned symptom has nothing to do with the protrusion of teeth, as such, but must be referred to a defective or abnormal development of the cranial bones and subsequent anomalies in the structure or function of the brain. Instead, therefore, of pointing to dentition, especially to normal dentition, it indicates some more or less grave disturbance in the constitution or function of either the brain or its membranes, or its cranial or cutaneous integuments.

There are some objective symptoms announcing the approaching protrusion of teeth, which are of more or less importance. The gums will swell, and become looser and softer; or, which is more common, the alveolar margin will become thick, hard, flat, and prominent. This condition is always perceptible, and nevertheless we are liable to be mistaken as to its signification. I have seen a child, who had this prominence of the thickened alveolar margin over several teeth for a long time, without the teeth making their appearance. In fact, deep incisions had been made into the gum, more than two months before the first incisor cut through. This shows that although the normal process of dentition generally requires the condition of the alveolar margin described above, we are by no means justified in predicting a speedy protrusion of a tooth through the thickened and elevated wall. This prominence of the so-called dental cartilage is often said to be red, livid, and soft. But in healthy infants, and with normal dentition, the contrary is generally the case. The mucous membrane of the mouth, although normal, is generally of a deeper color than the

normal appearance of the gums, and frequently, in catarrhal affections of the mucous membrane of the mouth, the difference between its livid and softened velvet-like appearance, and the pale color and solid condition of the gums, is remarkable. Only when the protrusion of a tooth is very imminent, the gum will be in many cases a little sensitive, on being touched or pressed; and saliva and mucus are said to be secreted in a large quantity at the same time, until the gums become thinner and thinner, and the tooth protrudes.

Great importance is attached to salivation by the public, as a premonitory symptom of dentition; but it is a fact, that it will sometimes precede the breaking through of a tooth for a number of months, and will not cease after the tooth, or a group of teeth, have made their appearance. It is thought to be caused by the direct irritation of the gums, acting on the mucous membrane of the mouth, and the stemonian ducts, and the salivary glands. It has even been considered to be the cause of a number of accidents occurring during dentition; the saliva and mucus were, in the opinion of a number of medical writers, swallowed, and proved to be the cause of vomiting and diarrhoea, of erosions and aphthous inflammation of the mucous membrane. The truth is, that increased salivation is regularly observed in infantile age, long before, and during the first period of dentition. If, therefore, those authors were right, who believe it to depend on the irritation of the mucous membrane of the mouth, and of the salivary glands, there must be a constant irritation of the gums in every normal dentition. This, however, is not so, according to my preceding remarks. I will simply state now, that the increased secretion of mucus and saliva before this time does not depend on the protruding teeth, but is the result of the salivary glands and mucous follicles undergoing about this time a rapid process of development. We shall have to return to this subject, and have to learn from a physiological sketch of the infantile organism, which I expect to give in this course of lectures, that a number of symptoms apparently affected by each other, and depending on each other, are but inordinate consequences of one and the same common cause. At all events this will be readily understood by you, that the increased salivation need not be produced by some supposed constant irritation of the gums. At all events, you will not be deceived by the occasional emphatic statement of the following observations, which is meant to show that dentition in normal and robust children will be attended with copious salivation, while sickly and feeble children have no salivation to any amount. This appears to be true, but is not. The observation is imperfect in this, that healthy and robust children of four, six, or eight months, will generally, while awake, be in an upright position, thus dropping a large amount of the secreted mucus and saliva, and being constantly wet with it; while sickly and feeble children of the same age, will, first, be a little backward in their general development, and moreover, have too little muscular power to allow them any but a supine position. Thus they will swallow most of the secretion, which more robust children will be constantly wet with.

I think it but reasonable to infer that if remarkable symptoms are the result of dentition, either normal or abnormal, a large number of anomalies must take place in the immediate neighborhood of the protruding tooth, if not in its own substance. Such affections are found, indeed, and known by the terms of *odontalgia*, *odontitis*, and *gingivitis*; but they are very rare affections, and the only idiopathic ones which are said to have occurred during, or rather in consequence of dentition.

Odontalgia, or neuralgia of the dental pulp, the dental nerve, is said to have been observed in teething children. What were the symptoms of this disease of dentition? Patient cried much, kept his fingers in the mouth, caught the breast greedily, and left off just as suddenly, was also constipated, but otherwise healthy, and there was but little injection, and intumescence of the gums. Exactly the same symptoms are reported to attend normal dentition, with the

exception perhaps of constipation. But the restlessness of the infant was in connexion with this constipation, and it screamed from colic pains? Although we are told by observers that the symptoms would disappear with the protrusion of the very first point of a tooth, the number of cases of this dental disease is so small, that we cannot refrain from doubting the correctness of the diagnosis. In olden times, *odontalgia* from dentition has been observed a number of times; thus Karl Himly has a chapter on the subject; but a more modern author, Hanmann, relates having seen two cases occurring during the protrusion of the molar teeth. Two cases in the lifetime of a medical man, who has met with many thousands of teething children; no pathognomonic symptoms in these very cases to distinguish them from other complaints; no like observations in the practice of hundreds of other practitioners—all this looks rather suspicious, and leads us to infer, that this *odontalgia* depending on dentition, although its occasional occurrence during the protrusion of a tooth may have been observed, is rather doubtful.

Gingivitis, inflammation of the gums, is also reported to have been observed in the course of dentition. Its symptoms are the very same that have been given as premonitory of normal dentition, and in *odontalgia*, with the addition of intense injection, swelling, and heat of the gums and the mucous membrane of the mouth and pharynx. We are justified in doubting whether all these cases have been primary *gingivitis*, or whether or not the affections of the mouth and pharynx have been the primary diseases; the more so when we again are told of the presence of the very same symptoms as above, and moreover learn, that the gums will not only tolerate a moderate pressure while inflamed, but the patient feels relieved. That there can be a severe inflammation of the gums, in connexion with the protrusion of a tooth, is proved by the difficulty sometimes, though rarely, met with by the protruding wisdom tooth, resulting from insufficient room, etc., but very rare it must be, as the termination in suppuration has been observed by but very few men, and but very seldom altogether. We are the more justified in so presuming, as we know of a number of cases of very severe and general stomatitis without the least affection of the gums, and of others where the gums were immensely swelled without injection, heat, or pain; and as the gums are generally very little apt to be affected by inflammatory action. Ulcerations of the cheeks in the immediate neighborhood, or even anomalous protrusion of teeth, either deciduous or permanent, through the gums and alveolar process, in an oblique direction, are but seldom found to give rise to an inflammatory process in the gums.

Odontitis, or inflammation of the tooth, is the third local affection sometimes attributed to dentition. Again the same symptoms, pain, injection, swelling, are enumerated, and described as very intense and obstinate. Recovery would not always take place, although it would be the result, after days or weeks, in the majority of cases; but death would sometimes ensue under the symptoms of a thorough affection of the nervous system, or of a "typhoid fever." It would often be combined with other diseases, and, according to Schönbein, not unfrequently with *rachitis*. Jahn has made a number of *post-mortem* examinations in cases of *odontitis*, and what did he find in such children who died from inflammation of a tooth? Why, hyperæmia of the brain, acute hydrocephalus, "gastromalacia," and always violent inflammation of the gums and alveoli, with sometimes a dark bluish color of the alveolar margin. This latter shows certainly injection, but the former prove those children to have suffered from, and died of cerebral diseases. The connexion of *rachitis* also points to the slight importance of the local affection, showing that the principal danger has been observed to be derived from constitutional or local ailings, not at all depending on, or connected with, the local process of the protrusion of a tooth. I have to state, finally, that there is no such thing as *odontitis* proper, the dental tissue being too hard and deprived of

vessels for an inflammatory process to take place. What has been called by this name, is either endodontitis, or periodontitis. The former is inflammation of the inner dental pulp richly endowed with nerves and vessels, in which stasis and chemical changes may take place, and intense pain be felt, and central caries brought on. This form will sometimes be observed, but in advanced age, and not rarely in very robust and otherwise healthy men. Periodontitis is inflammation of the periosteum surrounding the root of a tooth, producing a beating pain, especially in the warm temperature of the bed. The tooth appears to be elongated, and feels sore on pressure, until either recovery has taken place or suppuration, which will permit the tooth to be removed without much difficulty. That the gums suffer simultaneously, is but natural. But this affection is also observed, almost exclusively, in adults.

Original Communications.

PAPERS ON

MINERAL WATERS AND THEIR USES.

EMBODYING THE TWO DISCOURSES PRONOUNCED BEFORE
THE NEW YORK COUNTY MEDICAL SOCIETY.

By HANBURY SMITH, M.D.,

OF NEW YORK.

No. II.

CLASSIFICATION.

As a matter of convenience, some kind of classification of waters must be attempted; to accomplish this, however, with any pretensions to accuracy, either as regards chemical composition or medicinal powers, being simply impossible, I shall treat of them as

1. Sulphurous.
2. Alkaline.
3. Glauber-salt.
4. Common-salt.
5. Epsom-salt.
6. Chalybeate.
7. Astringent.

These seven classes are not divided off from each other by any marked boundaries; on the contrary, sulphurous waters are often rich in common salt, the third and fourth classes are often alkaline, chalybeate, or both. Iodine and bromine are almost invariably associated with common salt and carbonate of soda in largely preponderating proportions, and are unquestionably of less therapeutical importance than has been imagined. All the anti-strumous powers attributed almost exclusively to these agents, are found in reality in waters not containing any, or at most an infinitesimal quantity of either; I therefore build no classification on their presence.

Sulphurous waters are sometimes *sodaic*, arising in such case in the more primitive formations; frequently not sulphurous to the smell when first issuing, but rapidly acquiring this property in consequence of the absorption of oxygen from the atmosphere and the presence of organic matter; the intensity of this smell being no proof of richness in the sulphurous element, but often simply of the ease and rapidity with which decomposition takes place. After a time, indeed, this action continuing, the odor of sulphuretted hydrogen disappears; sulphides have passed into hypo-sulphites, sulphites, and finally sulphates.

The *calcareous sulphur waters* may be traced to newer strata—the transition series—and have a strongly marked sulphurous smell at the point of issue. They are not so often or so distinctly thermal as the *sodaic*. Both varieties are alkaline in their general characters, and pass into each other by insensible degrees.

Alkaline waters are mostly thermal, rich in bi-carbonate

of soda, and amalgamate with the common and glauber-salt waters. Thus Vals (cold) affords the very remarkable proportion of more than seven parts in one thousand of the bi-carbonate; Vichy (some springs hot and some cold) from four to five; Ems (thermal) about two, with nearly the same amount of common salt. Waters in which the alkali soda (potassa is rarely found in any considerable quantity) is replaced by lime and magnesia, not to mention a minute quantity of lithia present, rightly belong to this class. They are usually but feebly mineralized, and the therapeutic value of carbonate of lime held in solution by excess of carbonic acid, has yet to be determined. Of course it is antacid, but instead of being astringent, as so commonly believed, more in deference to the old routine habit of prescribing chalk in diarrhoea, than from any positive knowledge on the subject, I believe it to have a contrary action, and think it certainly adds to, and by no means restrains the laxative action of some waters, the Rakoczy of Kissingen for example. It is curious that the common remark of persons freshly arrived in calcareous districts from other parts where the water does not hold carbonate of lime in solution, "This limestone water has given me the diarrhoea," should never have drawn sufficient attention to the subject, to have exploded this prejudice, if prejudice it be.

In the *glauber-salt waters*, the sulphate of soda is the preponderating ingredient, associated with the carbonate in large proportion. In those of Carlsbad (thermal) sixteen ounces contain twenty grains of the sulphate, ten of the carbonate, eight of the chloride of sodium; the same measure of Marienbad-Kreuz (cold) contains thirty-six of the sulphate, nine of the carbonate, eleven of the chloride of sodium. These waters are powerfully alterative, deobstruent, and resolvent, increasing all the secretions, especially of the mucous membranes, the warm diverting more to the skin, the cold to the intestinal canal and urinary organs.

The *common-salt waters*, of which Congress is a familiar exemplar, contain so large a proportion, as to prove that they derive it from great deposits of the salt itself; otherwise nearly every water contains a small proportion, dissolved out of the soil. Chloride of magnesium commonly, and, more rarely, chloride of calcium, accompany the chloride of sodium; iron is found in very variable proportions. This class, like the preceding, is alterative, deobstruent, aperient, cholagogue, especially when there is much chloride of magnesium present, tonic, and anti-strumous. The Rakoczy of Kissingen is the model of the whole tribe.

It is a mere matter of convenience to apply the term *Epsom-salt* to the next class; but it is more suggestive than any other I can make use of. The German term bitter-water, does not convey the same idea when anglicised. The whole class (not numerous) is characterized by the presence, in large proportion, of magnesium salts, especially the sulphate, the nitrate, and the chloride of magnesium. These are associated with large quantities of sulphate of soda, and of common salt. The Bitter-water of Kissingen is the best of the group, as well as the least repugnant to the taste. Sixteen ounces contain sixty-two grains of sulphate of soda, fifty-two of sulphate of magnesia, eighty-one of common salt, and forty of chloride of magnesium, with abundance of free carbonic acid. The happy mixture of the chlorides with the sulphates prevents the too great effusion of watery secretions into the intestinal canal, which these are apt to induce, thereby doing injury to digestion in the long run, while those are restrained from an excessive desquamative action on the mucous membrane. Hence their great use in plethoric and congestive conditions, where other waters are too exciting; and as preparative to a course. They may be long used without occasioning debility.

In the *chalybeate* or *ferruginous waters*, the iron is commonly in the form of proto-carbonate held in solution by excess of carbonic acid. As iron is present in a majority of mineral waters, and in some not simply chalybeate in

very large proportion, this class proper includes only such as are too poor in other ingredients of marked therapeutic powers, to be conveniently grouped in any other way. Manganese sometimes accompanies the iron; and in some springs of the chalybeate class, small proportions of sulphates, especially of lime and soda, are the only other salts worth naming; while in others, instead of these, very considerable amounts of the carbonates of lime and magnesia are found, as at Langen-Schwalbach.

For the seventh class again I have adopted a title not hitherto employed in the hydrological vocabulary—*astringent*. These waters are commonly styled *alum-springs*; but not only is the proportion of alumina present at most small, and sometimes insignificant, but there is often none at all. Free sulphuric acid is the characteristic element, and the term *acid*, or *acidulous*, would be every way appropriate, had it not been already applied by many authors to those waters rich in free carbonic acid. That their internal use often produces a freer action of the bowels, is no argument against the adoption of the designation I have chosen, for alum itself has in certain cases the same effect. The indications for the use of this class, internally as well as externally, are readily to be gleaned, from a consideration of their composition. General principles ought to be a sufficient guide in prescribing medicines, which form as it were a "transition series" between the familiar *præparata et composita* of the pharmacopœia, and the more active and exceptional mineral waters. With regard to these we have not yet taken the first step towards discovering the real sources of their remarkable, and in the darkness of our ignorance, exceptional powers. We know next to nothing of the modifying influence of this or that element on others, with which it may be associated; and the whole subject is enveloped in a thick fog of ignorance, credulity, and positive superstition, out of which empiric observation has dragged an incongruous mass of true and false facts, the practical value of which would be immensely enhanced by proper sifting, arranging, deduction, and experiment.

The experience of more than twenty centuries has at least decided that mineral waters are *contra-indicated* in all acute diseases; an exception more apparent than real, being made in favor of the fifth class, the Epsom-salt waters, which are strongly cathartic, cholagogue, and antiphlogistic, and much more active than the proportion of purgative salts present would indicate.

In *all malignant affections*: if imprudently prescribed in such cases, they give evidence of the possession of real powers by their favoring a rapidly destructive development of the disease.

In *tuberculosis*: especially if the lungs be the seat of deposit. The tubercular *diathesis* is probably susceptible of favorable modification by their use.

In *syphilis*: with some reservations, to be subsequently noticed.

In *affections of the heart and aneurisms*: except in small alterative doses.

POSTURAL TREATMENT OF A LABOR,

WITH PROLAPSE OF THE FUNIS.

By JOSEPH MARTIN, M.D.,

OF NEW YORK.

On the 30th of July last, I was called to attend a lady aged 35 years, in labor with her eighth child. The labor-pains had been severe for some hours, and the membranes had been ruptured while she was standing on the floor. On examination per vaginam, I found that the fetal head had entered the superior strait in the right occipito-anterior position, and that the umbilical cord had prolapsed into the cavity of the pelvis, on the right side of the promontory of the sacrum. The pulsations of the cord were quite feeble, even in the absence of labor-pains, and not perceptible during a pain.

I at once made the patient acquainted with the peculiarity of the labor, and explained the nature of the treatment necessary to insure the life of the infant. But she became refractory, and refused to be turned upon her knees, until I threatened to leave her unless she submitted to the operation proposed. And even after she was placed in the proper position, her shoulders had to be held down by force. In the absence of pain I introduced the right hand, seized the loop of the cord between the fore and middle fingers, and carried it along the right side of the head to the brim of the pelvis, at the right sacro-iliac synchondrosis, keeping its folds downwards with the points of the fingers, until it slipped into the cavity of the uterus. The right hand was then passed over the right hip of the patient, who was placed near the edge of the bed, and the fingers were locked between those of the left hand under the fundus uteri, to sustain the weight of the uterus and its contents during the intervals of labor-pains. Having waited until three labor-pains had acted, and finding, on examination, that the cord was below, or rather above the brim, I turned the patient upon her back during the fourth pain, and in a few hours delivered her of a large living infant.

In giving the details of the above labor, I wish to show the *certainty and safety of the postural treatment of prolapse of the funis*, when proper attention is paid to a few points of practice. That is, the placing of the patient in such a position that the longitudinal axis of the uterus will be vertical, the judicious manipulation of the cord, and the prevention of its return into the pelvis. For there is good reason to believe that failures, in the trials that have been made of this method of treating prolapse of the funis, have occurred from a neglect of those particulars, in the management of such cases, that are necessary to secure success; and that these failures have led many physicians to consider the practice of little or no importance, because of its supposed uncertainty.

But the truth is, the cause of the complication, and the treatment here recommended, are alike dependent upon *gravitation*. And as the funis cannot be compressed until the os uteri is well open, it can, in every case, be conveyed by the fingers to the brim of the pelvis, when, if the long axis of the uterus be vertical, it will sink below the brim by its own gravity. And success will attend the operation with the same certainty that a leaden bullet falls to the ground when it slips from the hand; provided, that the proper methods are employed to prevent a recurrence of the prolapse.

Now, if these views be correct, a publication of the particulars in the management of each case of prolapse of the funis, treated in this manner, whether successful or not, would soon give the practice its proper place among the resources of midwifery. And I will suggest, that if Dr. Thomas will make public, as far as it is in his power, the details of all the cases treated in the same manner, that have been attended by himself and others, it would contribute not a little to bring about so desirable a result.

I hope it will not be thought that too much importance is attached to this subject, when it is recollected that Tyler Smith, after giving the results of Dr. F. Churchill's statistics in relation to the comparative mortality of infants in different complications of labor, comes to the conclusion, "That the presentation of the funis is more dangerous to the child than any other variety of labor."

I cannot close this communication without referring to Dr. W. S. Well's Summary of Medical Science for April, 1861. At page 35 the opinions and practice of Dr. Leopold, as published in the *Deutsch Klinik*, for July 7th, 1860, are given on the subject of prolapse of the funis. We are informed that Dr. Leopold considers that "gravitation, when the os is relatively lower from position, and a long cord, favor prolapse." And that, "to turn the woman on the head is the best treatment. That the next best method, and one that never fails to give satisfaction, is to place the woman on her knees and elbows, or on her side, and when this is not sufficient, the cord can be easily reduced by the

hand." But we find no notice of Dr. T. Gaillard Thomas's essay on the postural treatment of prolapse of the funis, which was read before the New York Academy of Medicine, on the third of February, 1858, and published soon after, upwards of two years before the publication of Dr. Leopold's paper.

Whether the failure to direct the attention of the reader to Dr. Thomas's essay on this occasion, was owing simply to inadvertence or not, is a small matter, but all will agree, that in relation to claims to originality, we ought, in medicine as in literature, "To give the praise where the palm is due."

CASE OF

UNUNITED DOUBLE FRACTURE OF THE LOWER MAXILLA,

OF TWENTY MONTHS' STANDING.

CURED BY THE USE OF SILVER LIGATURES.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

Mr. J. G., æt. fifty-seven, was admitted into the Pacific Clinical Infirmary in December, 1857, in consequence of ununited double oblique fracture of the lower jaw, about an inch and a quarter on either side of the symphysis. The fractures were produced by the kick of a horse twenty months previously. The case was treated at first by a good surgeon, but from some cause reunion did not take place. However, that is a kind of fracture which above all others is found difficult to treat successfully, owing to the strength of antagonizing muscles acting on the different fragments, and in order to secure favorable results an extreme degree of firmness and docility on the part of the patient is required, and the greatest care and skill on the part of the surgeon.

Operation.—The operation was commenced by making an incision through the centre of the lower lip, down directly to the bone, dividing the lip fully, and continuing the incision three-quarters of an inch below the lower margin of the jaw. The soft parts were then removed from the bone by the bone chisel, exposing the fracture in part. The soft tissues being placed too much upon the stretch for the convenient use of the chisel to finish the exposure of the places of fracture, the mouth was widened an inch and a half by incisions from the commissures of the lips outwards of three-quarters of an inch each. After these incisions the necessary room was made for the free use of the chisel by which the bone was laid bare all over the places of fracture. The adventitious tissues connecting the fragments were then removed with the chisel, so that two bony surfaces would be found presenting at either fracture. A bone drill was then taken, and two holes made on either side of each fracture in the upper and lower margins of the bone. Four wires made of virgin silver, and just large enough to pass through the holes, were then introduced, and the ends of each twisted together so as to form firm knots over the fractures. The wires were introduced by passing them through from the outside first, which was effected with great ease. Such was not the case in returning them from the inside. This was more difficult and perplexing, and required a greater amount of time than all the balance of the operation. No blood-vessel required ligating. The edge of the chisel was kept so close to the bone while uncovering it, that the soft parts, including the facial artery, were raised without wounding any of these vessels. The ligatures being adjusted and the fragments firmly fixed, the wound was dressed by applying a large pledget of lint to the bone, and bringing the soft parts over it. A stitch was taken at either commissure of the lips, and three in the soft parts over the chin, bringing the lips of the wound together. The ends of the two lower silver ligatures were brought down where they remained outside the wound.

The ends of the upper were brought up and placed close to the teeth by bending them to the necessary extent for the position calculated to be the least inconvenient to the patient. They were permitted to remain for nine weeks, when one end of each was cut off by the bone forceps close to the bone, and the other withdrawn. Three thin plates of bone had been exfoliated in the meantime, and found immediate egress through the openings kept up by the retention of lint in the wound as described.

This leaving of wounds open after operations upon the bones I regard as a *sine quâ non*, and never to be neglected.

In this case little deformity resulted. The incision through the lower lip and soft parts anterior to the chin, healed by first intention; and after the exfoliated bone was discharged and the wires removed, the wound left in the lower part of the chin healed rapidly by granulation and soon cicatrized, leaving but a comparatively small cicatrix. In removing the wires the upper ones were taken out through the mouth, and the lower ones through the opening communicating with the surface below the chin as above described. In four months after the operation the patient recovered perfectly; the jaw being as firm as any one, and the contour of the teeth being almost perfect.

I have a case similar to the above, in which the wires were cut off near the bone, leaving nothing but the knots outside the jaw, with the view of their remaining permanently, a plan which has proved equally as successful as that of removing them in several cases I have operated upon of late, including two in which the femur was the subject of the operation.

PRACTICAL REMARKS ON MINOR MIDWIFERY.

By EZRA M. HUNT, M.D.,

OF NEW JERSEY.

It has been well said that "Perfection is made up of trifles, but perfection itself is no trifle." To no science does the remark apply more practically than to that of medicine. The grand principles of practice are so familiar to all well educated practitioners, that superior skill consists in attention to the minutiae which escape the notice of the unobserving as much as in the enforcement of those prominent principles which are at once suggested to all. In general practice, the air of the room, the diet of the patient, the condition of the skin, and others of what may be called incidental circumstances, may often constitute the turning-points in the life-destiny of the patient; in surgery recovery is no less dependent upon careful cleansing, and dressing, and nursing, than upon the skill of the operation; and in obstetrics apparently trivial matters sometimes have a vast significance in determining the welfare of those concerned. Anomalous cases and difficult operations do not make up the daily aggregate of practice, and it is just as important to be acquainted with the less imposing "common things" of every day application, not only because of their more frequent occurrence, but skill as to these is the befitting introduction and foundation to more prominent attainments. The readers of your valuable weekly have been furnished with an admirably condensed, yet clear and extensive record of operative midwifery, and it may not be inappropriate also briefly to draw attention to a few items which frequently may come up for consideration in the more common duties of the accoucheur in labors less anomalous.

I.—THE POSITION OF THE PATIENT.

It is strange that a point which should be governed by the laws of muscular direction and action, and by the peculiar indications of each case, should be so much a matter of habit and fashion. It is really quite a national distinction. England lies upon her left side, the French and Germans on the back, Ireland gets on its knees, and America, following out its general characteristics, takes whatever position it sees fit.

It is frequently no unimportant matter, in a therapeutic

point of view, which position is assumed, and yet the generally expressed preferences have reference to habit, choice, etiquette, or are in some other way arbitrary. Up to the time when the foetus becomes engaged in the superior strait, and even when "bearing down pains" are fully commenced, the position is a matter of no great consequence, and the inclination of the patient to be generally uneasy and shifting, is not to be interfered with. In the earlier part of the second stage of labor, where there is no peculiarity of position on the part of the uterus, a position upon the back, with the shoulders slightly elevated, is that which nature would indicate. Here all the limbs are free to assume the position of greatest force, the proper muscles are relaxed, and the proper ones capable of tension, and in no other position can the same amount of muscular power be exerted at as little outlay. With the child at the inferior strait, a slight elevation of the nates by means of a small hair or straw pillow, instead of feather, both gives a semi-stationary point, from which, as well as by the arms and feet, to make exertion, and at the same time simulates the natural curve of the sacrum. With those conditions, and both knees semi-flexed and apart, at pleasure, we have, we think, so far as anatomy can indicate, the most favorable muscular action.

But there are such positions of the uterus as may demand a variation from this position. A case or two will illustrate better than a generalization. A while since, in the practice of a friend, I was sent for by him to relieve his prolonged waiting, and to give him an opportunity to procure his instruments for removing the child. In watching the case, my attention was drawn to the position of the uterus, and having somewhere seen reference to it as often an unsuspected complication, it occurred to me whether in this case it had not a retarding influence. A careful examination, especially externally, soon convinced me that such was the case, and a change of position to the right side, and almost upon the abdomen, was very soon followed by delivery.

A more extended experience and a synopsis of a few cases, has led me, not very unfrequently, to detect this complicating cause of protracted labor. The fundus of the uterus may incline too far forwards or backwards, or too far to the right or left side, so that the normal contractile direction of some of the muscular fibres may be, and is interfered with. A pendulous abdomen, a bent, sitting posture, a malposition of the child, or a habit of reclining always on one side, may occasion this, and not unfrequently women themselves detect this "one-sidedness" or obliquity of the uterine tumor. Flexions of the uterus, not very long since derided as hypothetical causes of uterine disease, have since been proven to be so, and I am convinced that like difficulties, modified by the conditions of labor, give imperfect direction to uterine contraction.

In the following case, I regarded the forward inclination of the womb as a source of delay. A large, well formed woman, with unusual frontal abdominal development, after suffering troublesome pain for twenty-four hours, sent for me at six o'clock P.M. I found the pains of a regular, frequently severe, bearing down character, but examination proved the os uteri beyond reach. For an hour or two the pains continued persistently, severe, bearing down, but, while the uterus could be felt, its os was still beyond reach. Fearing the need of interference from malposition of child, I introduced a portion of the hand into the vagina, and found the os uteri with each pain pressing directly and severely against the sacrum, causing intense suffering, but no other complication was detectable. A careful dragging forward of the os while each pain was receding, soon seemed most effectually to comfort the patient, and hasten the delivery. I have no doubt, therefore, that malpositions of the uterus during gestation, and perhaps chronic flexions, give mal-direction to uterine contraction during labor.

II.—THE VALUE OF EXTERNAL MANIPULATION.

By tracing with the hand over the abdomen the shape, size, and position of the uterine tumor, the position of the

foetus can often be either determined or important corroborative evidence attained. It is always a good lesson to watch a thorough diagnostician in his manipulations. He does not jump at conclusions; he does not rely upon one source of evidence when others are available, but getting together all the proofs with such celerity or slowness as the case may demand, he weighs them all, and when he arrives at a conclusion, it is justified by conclusive reasoning. With the hand and fingers, he who has learned palpation, or the science of touch, will knead away fat or omentum, determine much as to the condition of the liver, trace the alimentary curve, detect induration in the stomach, or enlarged mesenteric glands, and thus arrive at very accurate conclusions. The same methods are even more applicable to the uterus. We know directly what to look for; the substance searched for is bulky, the uterine walls diminished in thickness, and but little, comparatively, intervening between the child and the hand, so that no small aid in determining position, may, if need be, be derived from this source. Besides, external manipulation is often highly valuable as an aid in successfully accomplishing any necessary operation. In early practice, an older practitioner and myself once failed in an attempt at turning, in which careful external pressure, and steadying of the abdominal walls, were evidently highly serviceable in another and successful effort. The following case still more fully illustrates its value: At two o'clock A.M., I was called to see a servant girl in concealed labor, who, under the pretence of an attack of colic, and being most of the time alone, had been suffering severe labor-pains. On examination, I found the body of a child at full time protruding from the vagina, nearly to its axilla, the abdomen towards that of the mother, and the chin firmly impacted over the symphysis pubis. On inquiry, I found this state of things had existed for two hours, severe pains every few minutes, pushing the head more and more firmly upwards over the symphysis. External examination revealed the face and head to the touch almost as plainly as if no abdominal wall covered them. The child was dead and placid, and no movement of the body had any control over the part which, to all force applied by way of vagina, seemed perfectly immovable. I directed an unprofessional gentleman present, to make strong upward and backward pressure upon the face and head over the symphysis, and then with the foetal arm, the hand of which in labor has been elevated to the side of the face as a partial lever, we overcame the impaction and made the necessary turn. Without the outside pressure, an hour of persistent effort had been unavailing, and I should not without it have succeeded in changing the position of the child and safely delivering the mother. Besides such cases, inertia of the uterus may often be overcome by friction, its central position in the mesial line be aided, its contraction and facility in removing the placenta when necessary be secured by pressure thereupon, even early examination be made more satisfactory by pressure externally with one hand while using the other, and this importance attaches to these external aids in repeated cases.

III.—PROPER TIME FOR RUPTURING THE MEMBRANES.

This, some say, should, except in cases of turning, always be left to nature, and Denman I believe makes it a part of his definition of natural labor. By several other writers it is spoken of as the completing part of the first stage. Not very unfrequently, however, the practitioner feels himself justified in hastening the process, and it is important to determine on what grounds interference is justifiable. After labor has commenced, up to a certain point the bag of waters is of great aid in the mechanism of parturition. It is the best mechanical means of opening the os since, and its yielding yet at times firm pressure, like a rounded wedge, opens the round muscles much better than a surface like the occiput. After the os is sufficiently dilated I know of no purpose it can serve in the economy of labor. As my rule is to trust to nature, I have had frequent opportunity to appreciate the effect of letting nature alone; but as we

have not the human form to deal with as it came perfect from the hand of its maker, we have often occasion to modify special cases by the laws of general action and design. In membranes there is a great difference in tenacity and thickness, in no wise proportioned to any particular demands of each special subject, and so far as we can reason, I see no value in the uterine waters after a fair distension of the os. Two or three times I have taken children from the membranes entirely unbroken at birth, and surely there was need of normal interference here. Sometimes in labors tedious in the first stage, the parts become hot and dry, and the very moistening from the waters pushed forth at each pain proves as valuable an aid as the bag itself against a hard, rigid os. There are, we think, three indications, which, in labors not complicated by any of the circumstances termed anomalous, justify an artificial rupture of the membranes.

1. *Where the os is already well opened, and the pains of a decided bearing-down character.*—This is a class of cases in which the labor will generally proceed to its termination without any interference whatever, and hence the side of caution is not to be too ready to evacuate the waters, but not infrequently, by tenacity of the membrane, the head is delayed in being engaged in the inferior strait, and the rupture will diminish the amount of pain, and expedite labor. Where the os is low down in the pelvis, dilated to the size of a large dollar, dilatation, and the bag of waters actually protruding with each pain, there are certainly many cases, such as weakness of the patient, great nervous anxiety, etc., which will justify this slight interference. I have certainly seen cases where, after this state of things had existed a little time, and the head, instead of engaging in its pelvic passage, seemed thrust upwards by the contracting womb, the waters occupying the lower part, when in due time a rupture would at once aid it in settling into position, and thus aid delivery. With the doctrine of "non-interference" duly impressed, and the idea suggested experience will decide, when we may thus modify our management.

2. *Long continued bearing down pains in natural labor, but without much progress,* always should call our attention to the membranes. The waters have a dilating power, but beyond, this unbroken, they do not aid in expulsion; and whenever the pains plainly assume this decided bearing-down character so decidedly in contrast with the smarting, grinding pains of dilatation, it points us to the question whether this kind of interference may not be proper. This change in the character of pain, more than any other, is an appreciable distinction between the first and second stage of labor, the dilating and expulsive process. When the os is low in the pelvis, and pains of this character have been for two or three hours very persistent without accomplishing much, even where the dilatation of the os was not as great as has been mentioned, a rupture will sometimes be attended with marked benefit. We cannot afford to lose these kind of pains which are so necessary, and often the os shows itself, though not much dilated, to be quite dilatation. This can in some measure be determined by its feel before the rupture. Here again judgment must be used, but it will sometimes modify the undoubtedly correct general law.

3. *Over-distension of the uterus sometimes justifies evacuation of the waters.* A recent case of retarded labor illustrated this to myself. The abdomen was greatly distended, and by placing my hand lightly upon it, I found the fundus and body of the womb exceedingly tense by the severe muscular contraction; and though the pains were evidently of the expulsive type, the os, after several hours, was not distended to the size of a quarter of a dollar. Contrary to my usual rule, I ruptured the membrane, and a very large discharge of water took place, but the pain entirely ceased, and my anxiety increased. After a little time, however, the uterus, exhausted by its useless efforts and rested by the cessation, resumed its work, the head sank into the pelvic cavity, the womb readily dilated before the fetal

head, and labor was soon accomplished. I was, as I have been in other cases since, fully satisfied that an over-distension had prevented the contraction of muscular power in such way as to obstruct the os. I believe, with the womb, as with a thin india-rubber bottle, forced over-distension will cause contraction at the os, and prevent even the pains from overcoming it. Even the hand, in grasping a round body too large for it, cannot contract with adequate force thereupon. These two references illustrate what may occur in an over-distended uterus. An injudicious rupturing of the membranes may do harm, but the objection thereto on the ground that it brings the hard head against the os, is not an insuperable one. The head forms its own cushion of soft tissue, and when the waters are broken several days before labor, it seems seldom to cause trouble to the mother. Such facts, though they in nowise disprove the general law to let nature work in its most usual way under ordinary circumstances, yet may authorize judicious exceptions.

IV.—DIFFICULTY FROM A SMALL PELVIS AND A LARGE HEAD.

In these labors can we furnish any aid by assisting the loose bones of the cranium to overlap each other? Not only are the bones of the head movable upon each other, so as to accommodate themselves to the cavity through which they must pass, but in severe labor the sutures will now and then be found overlapping each other, thus certainly diminishing the natural diameter. Following this hint, I have in some severe cases facilitated the overlapping by moderate pressure on the edge of one bone as the womb contracted down upon the occiput, and have thought that, without injury to the child, it has hastened the desired delivery. I make the suggestion as worthy at least of a passing thought. A practitioner of New York named to me as desirable, in a certain class of cases, the giving direction to the axis of the neck of the uterus by bringing the os tinctæ at each pain, by the mild force of the finger, more and more opposite the vaginal opening. I regarded the suggestion at the time with ill favor, and as belonging rather to the department of meddling midwifery, although his large experience and clear defence of it seemed to justify, in a proper case, the trial. I have since been led to regard the idea as worthy of notice. I think, without doubt, labor is sometimes retarded by a wrong direction of the cervix, even when the body and fundus of the womb are in proper position. I think I can confirm the opinion modestly suggested by Maunsel and Gilman that "indisposition to dilatation may depend upon a jamming of the anterior portion of the cervix between the head of the child and the symphysis pubis, in cases in which the os uteri is turned more than usually backwards and upwards towards the promontory of the sacrum." In such a case the natural relief would be the slight bringing up of the os just at the commencement of each pain. I am confident I have been able to avail myself in some tardy cases of this idea with good advantage.

V.—PRESSURE OF THE LIP OF THE UTERUS BACKWARDS.

When the labor is far advanced, "press back the lip" is another asserted means of aiding delivery not usually referred to in the books. Where, for a long time, the head has presented through a well-opened os, and yet seems with each pain to just fail in passing until in fact it becomes almost stationary; the head scarcely receding at all, but the rim of the uterus binding itself about it at the height of the pain, the ball of the finger resting upon the child's head at the point of contact, and passed backwards and forwards, and around along the edge with a slight pressure back, has thus a tendency to help it over. If this be done without sense many objections could be urged thereto, such as danger of rupture, irritation of the os, etc.; but all these can be urged against forceps, and a good many other medical acts good in their place, but bad, very bad out of it. The idea is most applicable in those cases threatening impaction, in which, if every resource is not made available, instrumental interference is likely to become a necessity. I have some-

times found that able practitioners do in their practice what they do not like to recommend in lectures or books, lest others should apply it without careful discrimination, and then quote them as authority.

In some of these cases of impaction is not the trouble as much an uncontrollable state of the muscular fibre from pressure about the cervix, rather than the mere narrowness of the passage? If so, the moment it is freed it resumes its power. It has occurred to me more than once, that in this kind of case, after very slowly efficient pains, the edge of the womb has of itself passed a little over the largest diameter, and yet the head not have itself fully passed its greatest circumference through the inferior strait, the womb, thus released from its pressure, has then acted with a much more decided expulsive pain, and a brisk movement been made. It is merely a hypothesis.

VI.—SUSTAINING THE PERINEUM.

The following facts are worthy of consideration:

(a) Pressure may be made too early, causing a constricted position of the part, and much unnecessary trouble. When the perineum is first made tense during a pain, is generally quite early enough.

(b) Pressure prevents fissure or tearing.

(c) Pressure aids in the natural curve of delivery, and may be made available in preventing undue retrocession of the head after each pain.

The first of these propositions is old, and of relative importance. In natural labor it will rarely occur if no act is offered, but does frequently happen as a result of pressure, and a pushing back of the head, thus admirably facilitating a split. A mere sustaining upwards and forwards with the palm as concavity of the whole hand is all that is required. This method (b) also makes itself available for the other purpose, for it imitates and prolongs the friendly curve of the sacrum, and aids, so to speak, in turning the head out of its receptacle, and thus relieving the patient.

(c) When the head has come to be nearly delivered, but recedes so much that each pain seems hardly sufficient to both bring it forward and through, it seems sometimes desirable to retain the occiput in its advanced position, until another pain aids it onwards from that point. When very low down and thus retarded, the hand or fingers far back on the perineum, pressing just as the pain recedes will tend to hold it in position. Pressure in this more relaxed state of the perineum near the anus is not objectionable, and at this stage, as heretofore, you do not need so great retrocession as you do previously. A quiet on the part of the patient or avoiding of a long drawing of breath, and the plan suggested will the better prepare for another expulsive effort. These little attentions, if they did nothing more than dispense with one or two pains, would be humane and considerate; but sometimes they are the minute pivots and turning-points of results.

TIN FRACTURE SPLINTS.—For a long time, we have been in the habit of using tin instead of wood for fracture splints. This material is so far superior to all others used for the purpose, that we are greatly surprised that manufacturers of patented splints have never adopted it instead of wood. It is lighter, stronger, far cheaper, and can be moulded into any desirable shape by the surgeon. Thus, as often the case in compound fractures, it being desirable to have some particular part exposed, the surgeon may go to any tinner, and procure, at a very trifling expense, the splints, with the necessary openings, which cannot be the case with the use of wood. Any tinman can easily make the splints, but few workmen can make them properly shaped of wood. We would particularly commend them to young practitioners, who may not be able to equip themselves with the more costly appliances, in the commencement of their practical careers.—*San Francisco Medical Press.*

Reports of Hospitals.

NEW YORK HOSPITAL.

FIRST SURGICAL DIVISION.

J. L. LITTLE, HOUSE SURGEON.

Case of Complete Dislocation of the Head of the Right Tibia forwards—Relaxation of the same bone backwards—Dislocation of Thumb—Fracture of Scapula, Ribs, and Left Tibia.

(For the following case, I have availed myself of the notes taken at the time by Dr. D. B. St John Roosa.)

This patient, a man forty-five years of age, of good constitution, was admitted on the 12th day of February, 1861, Dr. Halstead attending surgeon, having a short time before fallen from a ladder to the ground, about fifty feet. The ladder slipping from under him, patient struck on his feet, and then fell on his right side. On admission, patient was suffering considerably from the shock of the injury, although not entirely unconscious. On examination, a well marked case of dislocation of the head of the right tibia forwards was found. The lower end of the femur seemed to be driven backwards and downwards, the head of the tibia riding completely over it, causing a shortening of the limb of over two inches. The articular surfaces of the lower end of the femur and the head of the tibia were distinctly mapped out. The patella and its ligaments were floating above. Besides this, there was also a fracture of the left scapula, fracture of the seventh and eighth ribs with emphysema, fracture of the head of the left tibia; line of fracture was oblique, commencing on the outside about three inches below the joint, and running upwards and inwards into the joint; crepitus distinct.

Treatment.—Stimulants were given, the hot-air bath applied to bring on reaction. In an hour, patient rallied somewhat, although the integument of the dislocated leg remained cold. On arrival of the attending surgeon, the dislocation was reduced in the following manner: extension on the leg, and counter-extension on the thigh, were made by two assistants, and while the knee was grasped by the attending surgeon, strong extension was made, and the limb slightly flexed, when the bone slipped to its place. The limb was secured on a double inclined plane, and an evaporating lotion was applied to the knee.

The other fractures were treated in the usual manner. During the night the patient was very restless, and in tossing about the bed succeeded in producing a new dislocation of the same knee; this time the dislocation was backwards instead of forwards. It was promptly reduced, and placed in the straight position, and five lbs. extension applied, and a splint placed on the posterior aspect of joint. About thirty-six hours after the injury, considerable febrile excitement with delirium took place. Leg still remained cold; on the fifth day patient was still suffering from considerable fever, but improving. The distal phalanx of the left thumb was discovered to be dislocated backwards; it was immediately reduced and secured on a splint.

From this time patient continued to be delirious, with more or less fever. The leg gradually became gangrenous; the temperature, the bluish hue, the large vesicles and the peculiar odor, all indicated that the life of the limb was destroyed. No pulsation of the femoral artery could be detected below the junction of the middle with the lower third of the thigh. On the eleventh day after the injury, a consultation was held, and amputation of the thigh was deemed necessary, but the friends of the patient objected, preferring to wait a little longer time; on the thirteenth day they gave their consent, and amputation of the thigh was performed at seat of election. But the operation had been delayed too long, and although stimulants, tonics, and beef tea, were freely administered, patient gradually grew worse, and on the fifth day after the operation, and the

eighteenth day after the injury, he died. The post-mortem examination of the body was not allowed.

On examination of the amputated limb, the following lesions were discovered:—Rupture of the anterior and posterior ligaments, and of the ligament binding together the semilunar cartilages. The internal and external lateral ligaments were also ruptured. Part of the head of the fibula was torn off, and remained attached to the external lateral ligament. The ligamentum patellæ was uninjured. The heads of the gastrocnemius and the popliteal muscles were lacerated. The popliteal nerve was somewhat enlarged at point of pressure, and of a reddish hue; no evidence of rupture to the naked eye. The vein showed signs of inflammation, being thickened and filled with coagulum, at a point below seat of the greatest pressure. On laying open the artery, at a point opposite the external condyle, the middle internal coats were found to have been ruptured, and had retracted for a space of three-quarters of an inch, the fibrous character of the outer coat, which was intact, being plainly discovered in the hiatus. The upper edge of the middle and internal coats were curled under towards the axis of the artery, so as to embrace quite firmly the base of the clot. This was about two inches in length, and quite firm, rather pale in color, and reached up to the first divergent vessel, and was in all respects similar to that resulting from ligation of a vessel. The artery both above and below this point, especially the former, presented evidence of inflammation from the thickened and congested state of its coats, with more or less detachment of inner coat, resting upon which seemed to be shreds of fibrin, which, however, were prolongations from the principal clot. At different points in the course of the artery were recognised patches of atheromatous or calcareous deposit, one patch situated at the bifurcation of the popliteal artery. The tissues of the leg from the ankle to the knee, were found in a state of moist gangrene, which had also affected the toes, and a portion of the heel, dorsum, and sole of the foot.

American Medical Times.

SATURDAY, AUGUST 17, 1861.

THE MEDICAL STAFF OF THE U. S. ARMY.

THE memorials are unanimous in urging:

"The claims of the medical officers of the army to a position and remuneration more commensurate with their position as men of scientific acquirements, and the importance of their services to the country, as the only means of obtaining for the medical department of the army the services of those best qualified to render that prompt and efficient aid which the exigencies of the service constantly require.

"That it is desirable and important that such inducements should be held out in connexion with the medical department of the army, as would attract men of talent and acquirements to adopt this department of the public service for their professional life.

"That the much more rapid promotion of the executive than of medical officers during time of war implies also an undeservedly low estimate of the exertions of the latter, who share the dangers of battle, privation, and climate, and are exposed to the additional risk of life from constant intercourse with the wounded and diseased, but unlike their fellows, reap from this service, however distinguished, neither advantage nor reward.

"Nor would it be too much to expect a participation in those honorary rewards from which we are at present virtually excluded, partly, we suppose, from an idea that we are members of a civil department, although exposed to the fire of the enemy in the execution of our duties.

We submit that we ought to be classed among the purely military branches, and reap our share of the honors accorded to them, the exclusion from which in all campaigns we most deeply feel.

"But the most galling, the most unmeaning and purposeless regulation, by which a sense of inferiority is imposed upon medical officers, is by the refusal to them of substantive rank.

"It is impossible to conceive how such a system as this can have been maintained so long, on the strength of no better argument than that it has been and therefore it ought to be.

"There are several particulars in which the medical service, as a body, lies under great disadvantages, and which they regard, justly in my opinion, as grievances that ought to be removed. I refer to the inequality which now prevails between the position of a medical officer and that of his brother officers in respect of pension, honors, and rank.

"The absurdity of regarding the medical officer as a non-combatant is, I believe, abandoned.

"The medical officer comes constantly under fire like other men. Every campaign which is fought exhibits the names of the medical officers in the lists of killed and wounded, and the returns invariably show that they still more often fall victims to their own exertions on behalf of their suffering comrades."

It is recommended

"That the injurious inequalities between medical and other officers should be removed."

—*Extracts from the Records and Evidence of the British Commissioners appointed to inquire as to the Regulations affecting the Sanitary Condition of the Army, the Organisation of Military Hospitals, etc., &c. London, 1858.*

THE regular medical staff of the army is the active agent of the profession in carrying out its function of life-conservation, in military hospitals, in camp, and on the field of battle. It is the executive officer of the laws of sanitary prophylaxis, and the gentle but firm hand which administers medicinal remedy and surgical interference in inevitable disease and injury. It is the channel through which the talent and acquirement of eligible members of the profession are directed to the performance of these high duties, and it is the judge of the physical material out of which the army is created. It holds in its hands the strength, power, health, and material efficiency of an army. The lives and happiness of individuals and families tremble upon its decisions, and the question of victory or defeat and the life or death of the state often hung suspended upon its knowledge, skill, and fidelity. It knows and appreciates its exalted powers and prerogatives, and has fulfilled the multifarious duties growing out of them with unwavering courage and devotion, and with a knowledge, skill, and consequent effectiveness which have kept pace with the advancement of science, and the exigencies depending upon recent improvements in the art of war, and the tremendous rapidity, force, and precision of military movements.

Hygiene and military surgery, as sciences, are of comparatively recent origin, and are almost entirely ignored by military tradition. The great majority of the older sailors and soldiers entertain a profound contempt for both, and consider themselves quite as good authorities as the ablest and most experienced sanitarian or surgeon, excepting when they themselves are severely hurt or sick; and devoutly believe that every complaint made by a common man is an attempt to shirk duty or avoid danger. They never believe the forewarnings of impending sickness, and reproach the medical staff for not curing it when for want of timely prophylaxis it has broken out and become almost wholly unmanageable. The lessons received from experience are speedily forgotten, and the representations and records of physicians slighted and often entirely disregarded.

The more enlightened and better educated younger officers have, however, begun to see and appreciate the truth, and to understand that in our modern system of warfare hygiene and pure surgical science are indispensable, and they are willing to place them on the proper basis for complete efficiency; but the number of advanced and thinking men in an army is comparatively small, and they have little weight on public opinion, the vis vite of legislation. The progress of true and really conservative ideas is always exceedingly slow, and in no department of human affairs more so than in medicine. The physiological effects of alcohol were known for thousands of years before the analogue of the inhalation of etherous vapor to suspend sensation was discovered. The innocuousness of certain metallic substances in contact with living tissues was understood

long before it was practically applied and developed by Dr. Sims in the use of the silver suture. The art of stamping medals was practised two thousand years before it ripened into printing. It may be long before the legislation of the country can be sufficiently instructed to raise the medical staff of the army to its proper level, but it is none the less imperative to urge the consideration of the subject, and to present it in its true light to the profession and the public. The British Sanitary Commission, the facts elicited and published by them, and the astounding consequences of following blind routine and adherence to military tradition, with the astonishing and gratifying results of a change of system, have done more to brush away the cobwebs of vulgar and ignorant prejudice than all the *a priori* arguments and appeals to reason and common-sense could have done in a thousand years. These facts, together with the heroism displayed by our own officers in Mexico, and by the British and French in the Crimea, the Germans in the Schleswig-Holstein war, the officers of the Indian army in the late mutiny, and still more recently the war in China, with the literature growing out of these terrible conflicts, have swept away many erroneous opinions which had become engrafted in the public mind by, we must confess, numerous shameful experiences of an opposite character, and by the wit of the novelists, poets, and dramatists of the last century. As medicine rose to the level of modern practical intellect and science, it had to carry with it many antiquated, absurd and silly doctrines, customs, and practices, which made it a fair subject of ridicule and satire. It has begun to shake off the shams and absurdities of a past age, and to stand forth in the severe sculptured simplicity of pure, rigid, scientific truth. The poets and satirists who can make modern first-class medical and surgical science a successful subject of ridicule, are welcome to do it. They can be answered by the pathos and sublimity of agony assuaged, stout arms saved for labor or combat, pestilences arrested in full and fell career, and female misery completely, permanently, and safely relieved. There has always been a Catholic truth in medicine, and different individuals and epochs have held and practised more or less according to peculiarities of culture, circumstance, and degree of civilization; but the present age presents a picture of harmonious co-operation throughout the world in the search for and rapid apprehension of scientific and hitherto recondite truths, which no former age can parallel, and which gives an almost infallible ground of hope for the future of the race.

The Medical Staff of the U. S. Army, since its reconstruction upon its present basis, has been governed in its growth and development by the internal spirit of professional justice and noble enterprise. It has risen by its own internal force and vitality to a level with any of the scientific departments; and very many of its members have won for themselves, and for it, the highest respect and consideration from both the army and the profession, as well as from the public.

The members of the medical staff have shared cheerfully and courageously all the perils and hardships of the mountains, plains, and deserts. They bore without a murmur the miseries and dangers of Florida; they went through the Mexican war, side by side, with their combatant comrades, and were the only staff corps which lost a member in battle. They encountered with equal spirit and patience the hardships and privations attendant upon the

settlement of New Mexico and California. They have never spared labor, suffering, or personal sacrifice, in the discharge of their duty. It has not been uncommon for medical officers to ride great distances unattended* through districts infested with wild beasts and Indians, and, when serving with troops (as often happens on the frontier) scattered over a great extent of country, to remount at evening a fresh horse after a fatiguing day's march, and continue on alone through the entire night. They have given so many proofs of courage, ability, and fidelity, that they are justly endeared to both officers and men; and they have won for themselves the most enviable personal and social position in the army, and in the communities where they have been stationed. It has often been remarked that the MEDICAL was the most brilliant corps in the army.

They do not enjoy, however, their legitimate and well-earned rights in substantive rank, equal participation in honors and rewards and in regular promotion beyond the rank of major. The present and prospective increase of the army, and the vast increase of labor and responsibility, should, if no other reason has force, induce the line of the army to favor the increase of medical rank.

The merit, character, and efficiency of the Staff are universally acknowledged. The severity of their labors in time of war, and often in time of peace, is also known and appreciated; their unflinching courage under fire, and their preservation of the calm, philosophical spirit necessary to perform delicate and difficult operations on the field, is not disputed; their indispensable necessity is known and felt; radical distinction of command, military and medical, is obvious to common sense; the necessity of command is also obvious. It becomes then a question, why it is not granted, and why the honors and rewards which are held to belong exclusively to the function of command and exposure, are not also superadded.

The true spirit and idea of military organization is, that every man is either an officer or soldier, and that special officers and men are assigned to specific duties according to previous education and known acquirement. There would be no incongruity, in the absence of an engineer, for a surgeon who knew the science to perform engineer duty, nor for an engineer who understood the principles of surgery to arrest hemorrhage, tie an artery, or amputate a limb. It is understood that a surgeon must assume command when all the combatant officers are killed or disabled; and it was done with great credit and excellent results in India. It is also imperative upon combatant officers to exert themselves in saving the lives of soldiers in the absence of the surgeon, to the extent of their ability. For this reason, a course of lectures on anatomy, similar to that given by Prof. Knight to the senior class of Yale College, should be delivered yearly at West Point, accompanied by one on surgical principles, and the class should undergo examination on these subjects. For a similar reason the medical officers should be furnished the means of studying drill and tactics, and the principles of military science. Administration is indispensable for the successful enforcement of sanitary laws, the efficient conduct of hospitals, and for the prompt and certain relief, and removal of the wounded in battle. The surgeon-in-chief should not be embarrassed by merely military or other details, but the officers commanding the respective departments which are placed at his disposal, should report to him and act under his orders. Responsibility, danger, and accountability, justify and exact com-

mand. It requires more science, coolness, foresight, and courage, to prevent typhus from breaking the lines of an army than it does to resist cavalry in hollow-square; it is easier to silence a battery than to shut the devouring jaws of cholera; it is less difficult to charge an enemy than to face a pestilence.

Danger on the field is also one of the claims for honor and reward. The surgeon, in modern warfare, is equally exposed with the officers. No intelligent or honest man deserves to claim anything extraordinary for simple courage—every officer is bound to behave coolly, bravely, and calmly under fire, and to do his duty simply without any regard for the personal risks and dangers to which he is exposed. The country, however, is bound to recognise and reward his self-control and self-sacrifice which are exercised for the common good. The surgeon is called upon to exercise the same self-control and make the same self-sacrifice with the more exposed combatants, he is therefore entitled to the same class of honors and rewards. The country should honor him as a soldier, the profession should devise an appropriate class of distinctions to honor him as a physician.

It is not probable that the necessary changes can be made immediately, as probably neither the legislature nor the military mind is prepared for it. The medical staff has done much for itself, and has demonstrated the possession of intrinsic virtue and power of growth and development. It has conquered its present enviable position by merit and virtue alone, and against great odds and numerous petty but damaging acts of injustice. Assistant-Surgeons have been, as a rule, compelled to assume the responsibilities and perform the functions of surgeons without the pay or rank. The limited number of the corps has made leaves of absence, excepting for sickness, almost unattainable, and the medical staff has not been represented in the commissions sent abroad for inquiry and improvement. Nevertheless it has held its own, and can hold its own, and it is to-day higher in relative rank and honor than any other in the world.

The medical staff occupies a peculiarly important and conservative relation towards the medical profession. The medical staff has been true to the spirit of the profession; it has been a rock against which the waves of quackery have beat in vain. It has remained pure in the midst of general corruption, and has contributed more by its strictness and impartiality of examination to sustain and preserve the tone and character of the profession of the country than all the schools and universities put together; and in the midst of almost universal laxity and demoralization on the subject of medical qualifications, has adhered steadily to its high standard and acted exclusively on the principle, that the lives of the soldiers of the republic were too sacred to be intrusted to ignorant or unskilful men. It has also been studious in its selection to choose none but gentlemen, who not only understood the science of medicine, but who could do honor by their personal characteristics to their position and profession. The staff has made its selections from the élite of the young graduates, and it has from time to time returned highly accomplished men to the ranks of civil practice. The memory of the late illustrious and lamented ISAACS will grow green as long as there is a patient student left to search for truth, and as long as there is a single honest and true-hearted physician to labor for the preservation of life and the relief of suffering.

The profession owes a debt of gratitude and affection to the staff which cannot be extinguished. It can show its appreciation of its merits and its labors, and of its true and heroic medical spirit, by bringing its claims before the country, and endeavoring to form a public sentiment which shall result in the legislation necessary to place the staff and its adjunct in the volunteer service upon their proper footing. It is reasonable and just, and capable of demonstration by the hard logic of facts, and consequently can be urged with a prospect of success, that they are entitled to substantive rank and promotion. The great motive is the best good of the nation, and the preservation of the lives of our citizens, which are the life of the nation. We can no longer afford to waste life. It will soon become our most precious product. Sound political economy, common humanity, and military science, all demand that the medical staff be recognised for its full value, judged by its accomplished labors, and raised to the position it can justly claim.

There is no thought or intention of seeking or receiving powers or functions beyond its province. The profession is satisfied with its great and, next to religion, divine mission, and asks only that in its purely human relations and natural ends it be furnished with ordinary human support and encouragement, and the power and material aid to accomplish those ends which are to economize life, save suffering, promote efficiency, and thereby assist in sustaining the nation in her life struggle.

We have discussed the new corps of Brigade Surgeons; we shall return to this subject, and make certain obvious remarks and suggestions upon the regimental staffs of the volunteer army. In the meantime we urge unanimity, loyalty, and fidelity to the profession, upon all who embark in the public service; and we hope that the views we have put forth will serve the purpose of bringing the medical staff, the profession, and the volunteer surgeons into closer and more cordial relations, and thereby subserve the great object of the profession—life-preserving.

THE WEEK.

WE have good reason to congratulate the country, and more especially our troops in the field, on the passage, at the recent session of Congress, of an Act entitled: "An Act providing for the better organization of the military establishment." This was approved by the President on the 3d of August, and is now a law.

Among other wise measures in the bill are two of especial interest to the Medical Profession. These are in the sections relating to the diet of the troops, copies of which are given below. In these, we find provision made for the addition to the regular ration, of a fair amount of fresh vegetable food or suitable equivalents, as well as the authorized purchase and issue of luxuries and delicacies for the use of the sick and wounded, wholly independent of the presence or absence of "Hospital Fund," and thus not at the mercy of the providence, foresight, judgment, or caprice of individuals.

In regard to the wisdom of the addition to the regular ration of fresh vegetable food, we can hardly say too much. Had such a law been in existence years ago, we would not have had the unpleasant task, in the number of this Journal published on the second of March last, of bringing to public attention the existence of two thousand eight hundred and

three cases of scurvy in the small army of the United States for the five years ending December 31st, 1859. We have, however, the satisfaction of believing that the facts, as there stated, have had much to do in influencing the passage of the recent bill, and that we thus have tangible evidence that our efforts as journalists, in behalf of humanity, occasionally meet with success.

Sec. 13. *And be it further enacted*, That the army ration shall be increased as follows, viz. Twenty-two ounces of bread or flour, or one pound of hard bread, instead of the present issue; fresh beef shall be issued as often as the commanding officer of any detachment or regiment shall require it, when practicable, in place of salt meat; beans and rice, or hominy, shall be issued in the same ration in the proportions now provided by the regulation, and one pound of potatoes per man shall be issued at least three times a week, if practicable; and, when these articles cannot be issued in these proportions, an equivalent in value shall be issued in some other proper food, and a ration of tea may be substituted for a ration of coffee, upon the requisition of the proper officer: *Provided*, That after the present insurrection shall cease, the ration shall be as provided by law and regulations on the first day of July, eighteen hundred and sixty-one.

Sec. 14. *And be it further enacted*, That there may be allowed in hospitals, to be provided under such rules as the surgeon-general of the army, with the approval of the Secretary of War, may prescribe, such quantities of fresh or preserved fruits, milk or butter, and of eggs, as may be necessary for the proper diet of the sick.

THE Legislature of California has decreed that the person upon whom an abortion is practised shall be held as guilty as the abortionist. The design of this law is thus explained by the *San Francisco Medical Press*:—

"The design was to prevent wicked female adventurers from attempting to blackmail medical men by applying to them, even when not pregnant at all, for the ostensible purpose of having an abortion produced, but who, when the doctor would, in order to get rid of them, prescribe some inert substance, would have a prosecution commenced against him for producing a criminal abortion, and cause much trouble, unless he would buy them off in the beginning. Or, what is still worse and entirely unavoidable on the practitioner's part, they could swear him guilty of producing criminal abortion, when he had not even been applied to at all in the matter. This occurred once in this city; and although the perjury soon became apparent in the case, still the idea of a respectable medical man being arraigned as a criminal, is not very palatable, even though it ultimately becomes plain to everybody that his prosecution is based upon perjury alone. As the law now is, the practitioner has only to perform his duty conscientiously to be free from this species of annoyance, while these wicked adventurers, under the assumed connexion of dear husband and wife, will have to conduct themselves cautiously, or otherwise find a quick way to the State's Prison."

The class of cases to which this law is intended to apply are not numerous. The victim of an abortion never reveals the crime until *post mortem*, when she is beyond the reach of legal penalties. The instance of malicious prosecution which the *Press* adduces, is sufficient evidence of the necessity of the law, at least, in California. We must add that this law was passed at the solicitation of the Medical Society of that State.

By a recent Act of Congress there is to be added to the Medical Staff of the Army a Corps of Medical Cadets, who are to act as dressers in the general hospitals, and as ambulance attendants in the field. A good opportunity is thus

offered to those medical students who desire to enter the service of government, and a large field is opened for obtaining practical knowledge in surgery. For information as to the qualifications required, we refer to the official statement of ACTING SURGEON-GENERAL WOOD, in another column.

A COMMUNICATION appears in another part of this number which should arrest the attention of every physician, and of every medical student in the country. We refer to the renunciation of Homœopathy by Dr. JOHN C. PETERS, long the chief editor of the *North American Journal of Homœopathy*, author of several works on Homœopathic practice, and the recognised leader of that school in the United States. His *exposé* deals a fatal blow at that stupendous system of charlatanry.

At the moment of going to press, we learn that the following Surgeons, taken prisoners at Bull Run, have been released on parole:—EUGENE PEUGNET, of the Seventy-first regiment, New York; FOSTER SWIFT, of the Eighth regiment, New York; EDWARD T. TAYLOR, of the First regiment, New Jersey; S. C. THIMKINS, of the Fourth regiment, Maine; B. F. BUCKSTONE, of the Fifth regiment, Maine; WM. H. ALLEN, of the Second regiment, Maine; JAMES M. LEWIS, of the Second regiment, Wisconsin; GUSTAVUS WINSTON, of the Eighth regiment, New York; CHARLES DEGRAU, of the Eighth regiment, New York; NORVAL, of the Seventy-ninth regiment, New York.

We take great pleasure in adding the testimony of these gentlemen to the kind treatment by the enemy of themselves and the wounded prisoners.

Correspondence.

RENUNCIATION OF HOMŒOPATHY

BY THE LATE EDITOR OF THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I wish to put on record in your pages, not only that I have long since resigned all connexion with any and every sectarian medical society and publication, but that I now most distinctly do not believe or practise according to any one medical dogma or exclusive system. I have repeatedly been on the point of making this declaration public in some regular medical journal, as it is well known that I have often done in private conversation and in homœopathic periodicals; but frequently the pressing demands of the sick have not left me time, and at other times I have been deterred by the urgent entreaties of friends, backed by that natural repugnance which every one has to publicly acknowledge a change of opinion.

In simple justice to myself I will beg your indulgence to a short statement of my connexion with Homœopathy. When a mere school-boy, between twelve and fourteen years of age, and now I am forty-one, I was personally under the care of an aged and accomplished physician, Dr. Freytag, of Bethlehem, Penn. On my return from boarding-school to this my native city, I found many of my nearest relatives under the treatment of Drs. Gram and Gray. Thus, both in Pennsylvania and here I was early thrown in contact with many and earnest converts to Homœopathy. A short time spent in a wholesale drug store opened my eyes to the immense amount of adulterated, spoiled, and poor drugs and medicines which were

then and perhaps are now sold. Not a few of my dearest relatives had not been saved from agonizing death, and some were still suffering with varieties of the most distressing forms of chronic disease, which had not been averted by all the devotion and skill of many of the most accomplished physicians of the dominant school. I commenced the study of medicine under the impression and with the fervent hope that Homœopathy, in its future and rational development, would supply all that was deficient in medicine; but all my natural instincts ever have been, and ever will be opposed to all bigoted exclusiveness and one-idealism in religion, politics, science, and my much loved profession. As far as lay in my power, I have never been unmindful for a day, from the commencement of my career as a medical student and practitioner, of the numerous and brilliant advances in regular medicine which have been constantly progressing both in this country and abroad. I must say that I never have been a convert to the use of infinitesimal doses; they have been so repugnant to every fraction of common sense which I possess, that I have always felt absolutely degraded when making what I conceived to be necessary trials with them. I have always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks. I knew full well that Hahnemann had performed all his first cures with tangible doses, and had cited numerous instances from reliable medical authorities, in which apparently homœopathic cures had been effected with not unreasonably small doses. I determined to commence where he commenced, and if beaten back to the use of infinitesimal doses, would reluctantly but at the same time decidedly follow the results of my experience. I have never felt myself obliged to fall back upon infinitesimal doses; but, on the contrary, have been more and more successful in strict proportion as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine. The reports of others, both physicians and laymen, frequently led me to make careful trials of infinitesimal doses in various cases, but never with satisfactory success; while many extraordinary instances of recovery from distress and sickness in which no medicine had been given, and numerous consultations to which I was called by homœopathic physicians, in which severe disease had gone on unchecked by these powerless agents, more and more convinced me that they were irrational and unsafe.

A careful study of the Homœopathic *Materia Medica*, early convinced me that it was very visionary and unreliable. I labored long and zealously to do my share towards giving it a more practical and common sense shape.

The dogma, *similia similibus curantur*, was long a stumbling-block to me; it seemed so utterly opposed to reason, that it was often with difficulty that I could force myself to practise according to it. But, many years ago I hit upon an explanation which was, and is still, perfectly satisfactory to me. It is self-evident that, in order to cure any disease, a state *different* from that presented by the disease must be brought about; hence a curative drug must either primarily or secondarily exert an *alterative* action; that is, if we leave mere revulsive effects out of the argument for the present. Similarity is not identity, but a similar thing, although it resembles somewhat, or even strongly, also *differs* somewhat, and even greatly. Hence, a drug which acts similar to the action of any given disease, also differs somewhat in its action, and ultimately may exert an *alterative* effect. Similarity is a hybrid consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as interpreting it as a great degree of resemblance. Hence, the homœopathic law is *only an apparent and fragmentary truth*, not a complete exhaustive law. It is a fragment of the great

law, *differentia differentiis curantur*, seu *alterantia alterantibus curantur*, of which in its form the old established law, *contraria contrariis curantur*, is another fragment. For opposite or antagonistic things are such as *differ* in the greatest degree; while similar things are merely such as *differ* in the least, or a lesser degree, or in certain particulars; while in others, they may be *essentially different*. Identity excludes the idea of difference, while similarity may include only the idea of casual likeness. Upon these ideas or principles I have long thought, studied, and practised, and have gradually become more and more convinced that the homœopathic is only a partially, or even only an apparently true law; a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages.

The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school. I have long endeavored to force these tangible, practical, and essential advances upon the attention of the homœopathic school, and labored almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection that no school has a right wholly to despise and reject the other, and that a wholly derogatory estimation of every other method than their own is not a necessary consequence of their adherence to the latter. Hence, I must prefer the greater to the lesser truth, and however painfully and reluctantly, must endeavor to cast my lot with other friends, other theories, and other practice.

But the homœopaths have discovered some new remedies, and renewed the use of many forgotten old ones. If consistent with the object of your periodical, at some future time I will furnish short articles on the use of Ignatia, Cocculus, Pulsatilla, Agaricus, Hamamelis, Cannabis Sativa, Euphrasia, and other remedies, simply premising that it is not at all necessary to use them in infinitesimal doses, nor always according to the homœopathic law.

Yours, &c.,

J. C. PETERS, M.D.

CLOSURE OF DRUGGISTS' STORES ON THE SABBATH.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I am requested through the MEDICAL TIMES by several members of the medical profession, to call the attention of the apothecaries in the city of Brooklyn to the subject of closing their stores on the Sabbath during the hours of Divine worship. Entertaining no doubt of the perfect practicability of the measure, and being personally interested in its general adoption, I take the liberty of offering a few thoughts for the consideration of both apothecaries and physicians. I know very well, as I have been in the apothecary business for some years past, that there is no occupation more confining, and that requires a larger amount of time for the discharge of its various duties, than that of the apothecary. This must be so from the nature of his employment, that of dispensing medicines at all hours of the day and night. While in most other pursuits the period allotted for repose is undisturbed, this occupation renders those engaged in it liable to be aroused from their slumbers at any period of the night, to supply the invalid with the remedies prescribed for his malady.

I know of nothing more reasonable and proper than that this portion of the community should be relieved on the Sabbath, during, at least, the periods devoted to religious worship, that they in common with their fellow citizens may enjoy the important privilege of steadily attending church. Such an arrangement might readily be effected without the least detriment to the invalid, who might supply himself with the appropriate remedies in the intervals of public worship, had he neglected to do so on the Satur-

day previous. In cases of great urgency demanding the immediate administration of remedies (which comparatively but seldom occur), they could readily be obtained, by directing the messenger to first visit the church regularly attended by the druggist.

The practice which now so frequently obtains of frequenting drug stores on the Sabbath, to procure simple remedies, which might as well have been obtained on the previous day, is altogether unnecessary; and its continuance is to be attributed in a great degree, if not wholly, to the existing custom of keeping open doors on that day. Were it generally understood by the citizens that no medicines were dispensed by the apothecary on this day except in urgent cases, the present objectionable practice would soon be abandoned. That an object so desirable may be accomplished, it is important that the medical profession exert their influence in its behalf, by writing no prescriptions on the Sabbath, unless from the violence of the malady it becomes absolutely necessary.

Ordinarily the physician might embrace in his Saturday prescriptions an amount of medicine sufficient to supply the patient till the following Monday. It will at once be perceived that the co-operation of the medical profession becomes necessary in order to effect the desired object with but little trouble to the apothecary, for if physicians continue to write prescriptions on the Sabbath on trivial occasions, those druggists receiving the recipes of such physicians will deem it expedient to be in a state of preparation to receive those also written on this day. Druggists generally do not pay their expenses on Sundays from the amount of medicines they sell; it is from the sale of liquors and cigars principally, and this is, I think, abominable, and ought not to be allowed. Hence the co-operation of the medical profession. Dr. Westell has informed me that this plan of closing the stores on Sundays has been put into practical operation several years past by the apothecaries of Providence, R. I. They have resolved to close their stores at half past ten o'clock on Sundays, when the bells ring for church, and not to open them again during the day. As far as my own acquaintance extends, the above resolution is practically adopted almost throughout the country.

In conclusion, Mr. Editor, I would suggest that a public meeting of apothecaries and physicians be called, for the purpose of taking this matter into consideration.

By inserting the above, you will confer a favor on the medical profession in general.

Yours, &c.,

D. J. Lyster, D.M.,

Pharmaceutical and Dispensing Chemist, Brooklyn, N. Y.

Army Medical Intelligence.

VERMONT REGIMENT.—3rd, Surgeon, Henry James; Assistant Surgeon, David M. Goodwin.

Surgeon S. G. J. De Camp is officially announced as the Medical Director of the Western Department of the U. S. Army, head quarters St. Louis, Mo., Major General John C. Fremont, commanding.

Dr. J. P. Colgan, of Myrtle Avenue, Brooklyn, having received a commission as Surgeon in the Mozart Regiment, Col. Riley, now stationed at Alexandria, has left for the scene of his labors.

Assistant Surgeon Samuel W. Crawford, one of the Fort Sumter heroes, has received the appointment of Major in the 13th Reg. of Infantry, U. S. Army, commission to date back to May 14.

A MEDICAL DIRECTOR TAKEN PRISONER.—We learn that Dr. CARRINGTON, at one time a practitioner of medicine in this city, but more recently Medical Director of the Rebel Army, under Gen. Garnett, in south-western Virginia, was taken prisoner on the defeat of this officer, and is now a prisoner at Beverly, Va.

SURGEONS OF THE FEDERAL ARMY PRISONERS AT RICHMOND.—The following is a list of Surgeons of the Union forces reported as prisoners:—BUXTON, BALL, DEGRAW, GRISWOLD, HARRIS, HOMISTON, LEWIS, McLITCHIE, NORVAL, PEUGNET, SWIFT, STEWART, SWALM, POWELL.

Among the regulations promulgated for the organization

of the troops under the new levy, is the following by authority of the Governor of New York, or Commander-in-chief: "The Surgeon and Assistant Surgeon will be appointed by the Commander-in-chief, after they shall have passed an examination by a commission prescribed by the medical department."

THE RESPONSIBILITIES OF THE ARMY SURGEON.

CAMP FEDERAL HILL, Baltimore, Aug. 8.

[Correspondence of the American Medical Times.]

THE military surgeon, called so frequently upon the field of battle to witness those heart-rending scenes, where his services can be of no avail in saving the lives of those brave men who have fallen fighting nobly, has, nevertheless, occasional opportunity of achieving for the beneficent art which he practises, some of its noblest triumphs: and it must ever be a source of professional pride and gratification to him, that these achievements, attained, as they not unfrequently are, under circumstances of the greatest difficulty, are *independent* of the result of conflicting armies. Sometimes where victory has been less gracious to the flag under which he rallies; and his green sash and yellow pennant have not saved him from the murderous fire of a relentless foe.

Every surgeon who has seen anything of service upon the field, must have felt with regret his inability to photograph the scenes a battle brings before him, and leave an accurate record of the many interesting cases brought under his observation, both on account of the benefit the profession at large would derive from such a record, and the interest with which it would be read by the families and friends of the wounded, in all ranks of life. But even camp life, with its never-ending duties and almost ceaseless activities, affords but little time or opportunity to record the more important facts elicited by observation, or write out theories, however interesting. In the army and in camp life if anywhere, *thought* finds its natural outlet in *action*: and *being* and *doing* take rightful precedence of *speculating* and *recording*, a characteristic everywhere peculiar to the American mind, and which defends the intellectual life of action from the contempt shown American literature by the scholarship of other nations more professedly literary. Here, cause and effect is studied in its largest broadest sense, as well as in minuteness and detail, and their teachings should be practised with that careful boldness and decision, which he will accomplish the most successfully, who, in addition to those qualities that make a good physician, is the most perfect master of the great general principles of the science of medicine.

At almost every step he takes he will find such knowledge indispensable; without books or a library to which he can refer for assistance, he must be his own counsellor. With limited means in new and anomalous circumstances, he will be called upon to produce great results. It will often tax his inventive faculties to their fullest extent to bore with the one *auger* that government furnishes him, the different sized holes the service requires. His prescriptions cannot be put up at "Hegeman's" or at Hazard & Caswell's, but he must be able and ready, if need be, to dispense medicines himself.

Though cautious, he must not be timid; though awake to sympathy, that he may gain the hearts and affections of all, he must be firm to have their respect and confidence, and unyielding in his decision, and possess that executive ability too rarely found in connexion with professional acquirements, which will enable him to have carried out effectually any course he may have decided upon as necessary for the good and welfare of those under his charge. While he is exacting of those under him in his department, and careful to see that every man is not only capable of filling his position, but if need be, one still higher, he should intrust no duty, however slight to others, which he himself should perform. Ever careful to maintain the dignity of his pro-

fession and position, by a true gentlemanly bearing and a high moral example, he will lose nothing worth retaining, by frequently visiting the soldiers in their quarters, mingling with them during hours of recreation, listening to their just complaints, instructing them in the laws of health, upon the intelligent understanding of which the efficiency of an army so much depends, and being at all times their counsellor, their guide, their friend.

Men of the medical profession! Our country is in the midst of the most momentous struggle which the history of nations has ever known. Half a million of patriots, hardly waiting for the call, have sprung into the ranks, astonishing the civilized world with an enthusiasm that thrills through every drop of blood and vibrates in every nerve fibre, and stand arrayed in defence of a government at once the most wise, the most liberal and just, the most beneficent ever framed for the benefit of man.

Their health, their lives have been confided to your care. To you they look for the alleviation of those sufferings which ever accompany the sad necessities of war. A trust so noble, so sacred, demands your most earnest efforts. The promptness with which you have responded to your country's call—the professional and domestic ties you have unhesitatingly sundered—the sacrifices you have so willingly made for the common cause, all speak in an unmistakable language, how true and deep is your patriotism. Let it be equalled only by zeal in your profession, and excelled only in your recognition of, and devotion to the Supreme Being, to whom we owe every blessing, and who presides over the destinies of Nations. Men in other times whose hearts, burning with an unquenched desire for fame or professional zeal, to win by self-sacrifice and devotion to the relief of the sufferings of their fellow men, a grateful remembrance in their hearts as their only reward, have lived, grown old, and died with no such glorious opportunity—no such extended field of usefulness as now opens before you. The scroll of fame, upon which are written in letters of gold the names of Rush, Ramsey, and Warren, is again unrolled after four score years. You have but to

"Act, act with the living present,
Heart within and God o'er head."

You have but to do your part in this struggle in raising the world from the actual of imperfection to the ideal of perfection, to engrave your names in enduring letters upon it, and be held in living remembrance of millions yet unborn, whose faces you have helped to make happy with the glow of Liberty and the animation of Freedom.

RUFUS H. GILBERT,

Surgeon 5th Reg't N. Y. S. V., Advance Guard, Zouaves.

BATTLE OF BULL RUN.

SANITARY CONDITION OF THE ARMY.

FORT ELLSWORTH, Virginia, Aug. 5, 1861.

[Correspondence of the AMERICAN MEDICAL TIMES.]

OUR regiment, the 17th New York Volunteers, were left at Fort Ellsworth when the army advanced on Tuesday to defend the fort, and to act as the rear-guard to the army. On Sunday, the 21st, the sound of the cannonade was distinctly heard from 7 A.M. to 7 P.M. We were encamped on the outside of the fort in a pleasant grove, and were congratulating ourselves with a speedy victory, and in the next advance to share its labors and responsibilities. The day was intensely hot, yet a steady breeze from the west tempered in some measure the scorching sun. Two of our field officers started early in the morning to witness the battle, not in the least doubting that before morning they would return with the news of a splendid victory. About sunset the last gun was heard, and silence reigned over that beautiful Sabbath eve. The moon shone calm and severe on the quiet scene, and all nature seemed hushed in silent beauty. Feeling a kind of vague uneasiness and some apprehensions that all had not gone well at the battle-field, I sat at my tent door enjoying the cool evening air and the serenity of the night. About midnight I heard the galloping of a horse along the road towards

Alexandria. Soon three horsemen came up the road into our encampment, and inquired for the Colonel's tent. It was Gen. Runyon, and his aids, come to inform the Colonel that our troops were repulsed, and were in full retreat. It was expected that the enemy were following. Soon after this our two officers who went out in the morning, returned, and gave us their version of the retreat, but it seems they left early, and did not know the extent of the disaster. The Colonel had the troops quietly awaked, and removed into the fort, which was near at hand, but gave myself and two or three others the privilege to remain inside our tents. About two o'clock on Monday morning I threw myself on my bed, and slept until half past four. When I awoke the heavens were overcast with thick black clouds, and a cold, drizzling rain was falling. But the sight that met my eye as I looked towards the road beggars description. Far as the eye could see was one dense throng of flying fugitives. Baggage wagons, hospital ambulances, men on horseback, in some instances two and even three on the same horse, with both horses and men wounded. In some of the ambulances were wounded men lying on those who had expired on the route. Foot soldiers were toiling along without hats, caps, arms, or blankets; some limping along assisted by their comrades or alone, making the best time they could under the circumstances. Some of the men on horseback had been wounded, and the rain had moistened their wounds, and from their legs, feet, or hands, the bloody stream was dripping down to the ground. Many of the men told me the rain was quite a comfort to them, as it cooled their fevered wounds, and assisted in allaying the tormenting thirst which they mitigated by sucking their blankets and clothes. I will not attempt to give a catalogue of the wounded which I dressed and performed operations upon, as they were not of the most serious nature, but simply to show how men impelled by love of life, and stimulated by fear will perform feats, that are incredible to a man under ordinary circumstances. One man belonging to the Fire Zouaves, had a musket ball pass through one thigh, and nearly through the other, wounding the scrotum in its passage. I extracted the bullet by an incision on the outside of the thigh, the next morning. He had walked the whole distance within the twenty-four hours, and that too without very intense suffering. Another soldier, of a Brooklyn regiment, had a ball pass through the calves of both legs, and although the holes were large and ragged yet he performed the terrible march on foot, scarcely stopping to rest on the way. The distance these men travelled could not have been less than thirty miles, at times losing their way or to avoid the enemy.

One poor fellow had a musket or minié ball passed through both cheeks, fracturing the lower jaw on each side and cutting the tongue nearly off. He came to my quarters at midnight, on Tuesday night after the battle. He could neither eat nor speak, but communicated in writing. He had walked from Bull Run, and had neither eaten nor drunk anything on the route, or on Sunday the day of the battle. I dressed his wound, removing loose splinters of bone, cleared his mouth of the foul blood and secretions, gave him a soft sponge to moisten his lips, and sent him on to Washington. A great proportion of the wounds which I saw here were in the lower extremities. A few in the arms and shoulders were found, but they were greatly disproportioned to those in the lower extremities.

Another feature I observed was that the wounds were very little inflamed, and neither became sloughy nor suppurated inordinately. This may have been from the perfect good health of the men and the abstinence from food and drink, or from mental and moral causes, which entirely absorbed their minds and faculties from the time of the injury to the period of convalescence. I never saw such a total disregard of physical pain. It was without an exception; all their faculties seemed absorbed in the flight and its results, all seemed conscious of having done their duty and having escaped the fate of hundreds of their comrades. An equal number of wounds of the same character in civil life,

under the care of careful nurses and skilful surgeons, and with all the appliances of civilization and luxury, could scarcely have done as well. What then was the agency so powerfully sanative in these cases? It was not alone my observation in this respect. Many surgeons in the army verified the same, and all the accounts which we received from our wounded with the enemy confirm the results so far as can be ascertained.

One great fault, it appears to me, in our preparation for the battle was in not having supplies of refreshments, and especially water, a most important and indispensable article. The men went into battle without breakfast, and fought all day and retreated all night without food or drink. Water could and should have been furnished the men, and supplies placed at such points that it could have been easily given to them. It was more necessary than food. That can be dispensed with for several consecutive hours without material injury, but water, especially in hot weather and where great physical exertions are to be made, is one of the prime wants of the soldier. Rushing men into battle unprepared, and raw troops especially, who recently came from comfortable homes, and then after fighting all day and retreat all night, without food or water, was cruel and unpardonable. It might be argued that the repulse and retreat were unexpected, but it should not have been.

A repulse is often with the strongest army a matter of accident, and may be retrieved by skilful management; but a stampede, a rout, a panic, such as seized the late army at Bull Run, is a comparatively rare occurrence.

With regard to the sanitary condition of our army on the Potomac, up to this time, it is extremely favorable. The summer, up to the first week in August, has been cool, and attended with seasonable showers of rain. No long or protracted droughts or rain storms have occurred to render the weather of an unfavorable influence on the army. Diarrhoea of a simple form has been the most prevalent disease. Next to this, fevers of a simple miasmatic character, yielding readily to quinine. Colds, coughs, and mild rheumatic attacks, from exposure to wet and cold; carelessness in lying out of doors instead of a tent, as many soldiers do, will account for all this.

The colds and coughs rarely terminate in pneumonia, nor does the rheumatism often become acute. In enlisting men on so short a notice it is not surprising that a great number of men who are totally unfit for field service should have been enlisted, and by mustering into the U. S. service many will get into the army totally unfit for soldiers. The medical inspector looks at their legs, groins, and the general physical condition of the volunteer. But it is not to be expected that in half an hour's time devoted to seventy men the inspection will be very complete, and many defects are overlooked. Granting that the volunteer has none of the defects that disqualify him, such as varicose veins, hernia, tuberculosis, &c., he may have that about him that is worse than these. He may be lazy, dirty, indolent, inefficient, and morally unfit for the duties of a soldier. If the service requires him to do a certain amount of guard or picket duty he is sure to be on the sick list, and the surgeon who is humane and sympathetic will excuse him.

It is very difficult to get a good army out of the crude material you find in the city or country. They may fight if you put arms into their hands, but do not fight on military principles, and may or may not prove successful. Within two or three months of a volunteer's first campaign he is undergoing a sort of probation, and is liable to become home-sick or discouraged, and that completely destroys his efficiency. There have been a great many soldiers who were mustered into the U. S. service, as able-bodied and fit for military duty, that before one month had passed were found totally disqualified for service and were discharged. There are a certain number of volunteers that are not fit for soldiers, and the fact is not known until they are enlisted and tried.

I have written this much, which you are at liberty to publish, if you think it worthy of a place. If it is desira-

ble I will also furnish you from time to time with articles for your Journal.

A. B. SHIPMAN,
Med. Staff 17th Regt. N. Y. V.

VARIOLOID AT FORTRESS MONROE.

ROXBURY, MASS., Aug. 7, 1861.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—A writer in the MEDICAL TIMES, for July 20, states that there have been no cases of variolous disease in the Department of Eastern Virginia. The object of such statement is to make it appear that no necessity existed for the inspection and vaccination of the troops at Newport News, by a person *not* of the army, which was ordered by Gen. Butler. Permit me to say, that in the office to which Dr. White is attached had lain, for many days before the date of his letter (July 12), a return from the post surgeon of Camp Butler, on which were reported five cases of small-pox. I would also state that he has quoted from that report in his letter; also that Dr. Eisenlord conversed with me about these cases, and Dr. Jaeck, his assistant, repeatedly accompanied me to visit them. I add a certificate from Prof. Sanborn, Post Surgeon of Camp Butler, which corroborates my statements, and would further refer to Dr. Sanborn's very instructive letter in the MEDICAL TIMES for July 27, and Aug. 3.

(Copy.)

I hereby certify that in the month of June small-pox appeared in the 7th Regiment, N. Y., and continued at Newport News. Five cases in all were treated, one of them being nearly of the confluent variety. These cases were returned as such in the monthly return from the post for June, to Dr. Cuyler, Med. Director.

E. K. SANBORN,

Post Surgeon Newport News.

July 23, 1861.

I refrain from comment, it can hardly be necessary.

Dr. White's letter refers to the General Hospital at Fortress Monroe, and the reader is left to infer that four gentlemen, of whom he is one, organized and have the entire charge of that institution. One of the gentlemen (Dr. Cuyler) has, in his character of Medical Director of the Department, an *ex officio* superintendence and control of this hospital, as indeed he has of those attached to the regiments also. He visits the General Hospital now and then, sometimes at intervals of ten days; as for the other individuals mentioned, they have practically *nothing* to do with its management.

No mention whatever is made by Dr. C. B. White of Dr. Gillman Kimball (formerly Prof. of Surgery at Pittsfield and elsewhere) and his assistants, Dr. Harwood and Mr. Francis, and still these gentlemen have the immediate and exclusive care of all the patients in the General Hospital, except some three or four men of the Naval Brigade, who, in a remote wing of the building, form or *formed* the entire charge of one of the gentlemen mentioned by Dr. C. B. White.

Dr. White mentions Dr. Cuyler as performing all the operations at the hospital. At the time I left Fortress Monroe (July 25) there had been three amputations performed there (all of the arm); two of these had been done by Dr. Kimball, the third, in his absence, by Dr. Cuyler. The only other operation worth mentioning was a successful explorative incision in search of a ball; this was also done by Dr. Kimball.

Yours, &c.,

HENRY A. MARTIN.

CORRECTION.—Dr. JAMES H. THOMPSON, of Orono, Penobscot co., Maine, writes under date of August 10th:—

"It was Wm. H. ALLEN, M.D., of Orono (not A. ALLEN, as stated), Surgeon to the Second Maine Regiment, Vol. who was taken prisoner at the battle of Bull Run. He could have escaped, but would not desert his post when his services were so urgently needed by the poor fellows who crowded the hospital, preferring, as he said, to 'stay with the boys.' May his reward be such as his bravery and the nobleness of his character deserve."

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 5th day of August to the 12th day of August, 1861.

Abstract of the Official Report.

Deaths.—Men, 124; women, 105; boys, 241; girls, 228—total, 698. Adults, 229; children, 469; males, 365; females, 333; colored, 10. Infants under two years of age, 892. Children reported of native parents, 18; foreign, 364.

Among the causes of death we notice:—Apoplexy, 5; Infantile convulsions, 55; croup, 3; diphtheria, 5; scarlet fever, 18; typhus and typhoid fevers, 14; cholera infantum, 156; cholera morbus, 6; consumption, 68; small-pox, 11; dropsy of head, 21; infantile marasmus, 61; diarrhoea and dysentery, 47; inflammation of brain, 15; of bowels, 24; of lungs, 16; bronchitis, 1; congestion of brain, 16; of lungs, 0; erysipelas, 2; whooping cough, 2; measles, 10. 467 deaths occurred from acute disease, and 47 from violent causes. 511 were native, and 184 foreign; of whom 124 came from Ireland; 10 died in the Immigrant Institution, and 114 in the City Charities; of whom 16 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Aug.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
1861	Is.	Is.	•	•	•	•	•		0 to 10	
3d	29.91	.05	85	74	95	8	12	S.W.	2.5	.55
4th	29.87	.04	85	76	92	11	17	"	3	
5th	29.81	.11	85	80	90	7	11	"	2	
6th	29.84	.04	84	78	89	11	17	"	1	
7th	29.91	.11	74	68	80	11	15	NE. to SE.	7	
8th	29.90	.07	66	63	69	6	8	N.E.	10	
9th	29.87	.04	68	65	71	5	7	"	10	.35

REMARKS.—3d, Cloudy A.M. 4th, Overcast A.M., fresh wind P.M. 5th, Hard shower 1 P.M. 7th, P.M., Cloudy, wind fresh. 8th, Very light rain evening. 9th, Hard rain early A.M.

SURGEON-GENERAL'S OFFICE, Aug. 9, 1861.

The following Act of Congress in relation to the Corps of the Medical Cadets is published for the information of all concerned:

"SEC. 7. And be it further enacted, That there be added to the Medical Staff of the Army, a Corps of Medical Cadets, whose duty it shall be to act as dressers in the general hospitals and as ambulance attendants in the field, under the direction and control of the medical officers alone. They shall have the same rank and pay as the military cadets at West Point. Their number shall be regulated by the exigencies of service, at no time to exceed fifty. It shall be composed of young men of liberal education, students of medicine, between the ages of eighteen and twenty-three, who have been reading medicine for two years and have attended at least one course of lectures in a medical college. They shall enlist for one year, and be subject to the rules and articles of war. On the fifteenth day of the last month of their service the near approach of their discharge shall be reported to the Surgeon-General, in order, if desired, that they may be relieved by another detail of applicants."

Application must be made to the Surgeon General for admission into the corps, in conformity with the above act, stating the date and place of birth, place of residence, period of medical studies, and enclosing the certificate of the dean of the college (or, when not obtainable, other satisfactory evidence of the fact) that the applicant has attended one full course in a medical college.

Those applications must also be accompanied with testimonials of the good moral character and sound physical condition of the candidate.

When an application is favorably considered, the candidate will receive a letter authorizing him to appear before an Army Board of Medical Examiners, who will make a special report in each case. From among those approved by the Board the Surgeon General will select such a number as the service may require.

As the services of this class of medical and surgical assistants are at once required, applications, to be successful, should be promptly made to the Surgeon General, who will direct the candidate to appear before one of the Army Medical Boards now in session in Washington and the City of New York.

R. C. WOOD, Acting Surgeon-General.

Medical Corps of the Navy.—A board

of Naval Surgeons is now in session at the Naval Hospital, Brooklyn, to examine candidates wishing to enter the Navy as Assistant Surgeons.

Fifty-one vacancies were made by a recent Act of Congress increasing the corps. Medical gentlemen wishing to enter the Navy, should apply to the Secretary of the Navy, stating age (not to exceed 25 years), place of birth, and residence, accompanying their request with testimonials of moral character.

To Medical Teachers. To Let—The

rooms built for and occupied by the N. Y. PREPARATORY SCHOOL OF MEDICINE, situated at No. 72 East 15th Street, near 4th Avenue, consisting of a lecture room, faculty room, waiting room for patients, one general, and four private dissecting rooms, each supplied with gas and water, and communicating with the sewer. This is the only place, it is believed, in the city where facilities for PRIVATE DISSECTING are afforded. Apply to Prof. C. A. Budd, No. 9 West 15th Street.

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MARK STEPHENSON, M.D.

MARCUS P. STEPHENSON, M.D.

To Medical Students.—The subscri-

bers will receive into their office a limited number of Medical students. Daily recitations will be held throughout the year, with the exception of the two vacations—one of four weeks immediately after the close of the lecture term in the Medical Institution of Yale College—one of about six weeks, from the last of July to the middle of September. Terms—FIFTY DOLLARS per year.

IP. A. JEWETT,

T. BEERS TOWNSEND.

NEW HAVEN, May 21, 1861.

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Baudens.—La Guerre de Crimée, les
Campements, les abris, les ambulances, les hopitaux, &c., &c. Second
edition, 12mo. Paris, 1858. \$1.

Cole (J. J.) Military Surgery; or
Experience of Field Practice in India. 8vo. London, 1852. \$2.25.

Fraser, P.—A Treatise upon Pene-
trating WOUNDS OF THE CHEST. 8vo. London. \$1.55.

Gross, S. D.—A Manual of Military
SURGERY; or, Hints on the Emergencies of Field, Camp, and
Hospital Practice. 24mo. Philadelphia. 50 cents.

Hamilton, F. H.—A Practical Trea-
tise on MILITARY SURGERY. Fully illustrated. 8vo. New
York: 1861. \$2.

Henderson (T.) Hints on the Medical
Examination of Recruits for the Army; and on the discharge of sol-
diers from the Service on Surgeon's Certificate. A new edition, revised
by E. H. Coolidge, M.D. Philadelphia, 1856. \$1.00.

Macleod.—Notes on the Surgery of
THE WAR IN THE CRIMEA, with Remarks on the Treatment
of Gun-Shot Wounds. 8vo. London. \$3.25.

Report of the Proceedings of the
Sanitary Commission despatched to the Seat of War in the East, in
1855-56. 8vo. London, 1857. \$3.

Saurel.—Traite de Chirurgie Navale,
suivi d'un resumé de Leçons sur le service chirurgical de la flotte, par
le Dr. J. Rochard. 8vo. Paris, 1861. \$2.10.

Saurel.—Memoire sur les fractures
des membres par armes à feu, suivi d'observations pour servir à
l'histoire des blessures par armes de guerre. 8vo. 1856. 75 cents.

Stromeyer, Esmarch, and Statham on
GUN-SHOT INJURIES. 8vo. London. \$1.55.

Tripler & Blackman.—Hand-Book for
THE MILITARY SURGEON. 12mo. Cincinnati. \$1.

Williamson.—Notes on the Wounded
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do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
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